



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CAPTIVE APPLICATION FOR ADMISSION

1. NAME OF PROPOSED CAPTIVE		
2. PARENT OR SPONSOR		
3. INDIVIDUAL TO BE CONTACTED REGARDING THIS APPLICATION		
ADDRESS		PHONE NUMBER
4. TYPE OF PROPOSED CAPTIVE <input type="checkbox"/> Pure <input type="checkbox"/> Association <input type="checkbox"/> Industrial Insured <input type="checkbox"/> Branch <input type="checkbox"/> Special Purpose Life Re (SPLRC)		
5. ORGANIZATION FORM <input type="checkbox"/> Stock <input type="checkbox"/> Mutual <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Reciprocal		
6. PRINCIPAL PLACE OF BUSINESS OF PROPOSED CAPTIVE		
7. RESIDENT REGISTERED AGENT		
ADDRESS		
8. LOCATION OF BOOKS AND RECORDS		
9. CAPITAL AND/OR SURPLUS OF COMPANY		
(A) INITIAL CAPITAL \$	INITIAL SURPLUS \$	TOTAL \$
(B) LOCATION OF SHARES OF STOCK		
10. NAME(S) AND ADDRESS(ES) OF BENEFICIAL OWNER(S) / PERCENT OF OWNERSHIP (USE SEPARATE SHEET IF NEEDED)		
(1) NAME		PERCENT OF OWNERSHIP %
ADDRESS		
(2) NAME		PERCENT OF OWNERSHIP %
ADDRESS		
(3) NAME		PERCENT OF OWNERSHIP %
ADDRESS		
11. EXPLAIN RELATIONSHIP AMOUNT BENEFICIAL OWNERS		
12. ENCLOSE ANNUAL REPORT OR 10K'S OF BENEFICIAL OWNERS.		
13. IF LETTER(S) OF CREDIT IS (ARE) TO BE USED (FORM _____ MUST BE USED.)		
NAME AND ADDRESS OF BANK	ISSUED IN FAVOR OF	AMOUNT
NAME AND ADDRESS OF BANK	ISSUED IN FAVOR OF	AMOUNT
14. NAME OF MANAGEMENT FIRM		
ADDRESS		
15. NAME OF LAWYER		
ADDRESS		

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16. NAME OF CLAIMS HANDLER	
ADDRESS	
17. NAME OF CERTIFIED PUBLIC ACCOUNTANT	
ADDRESS	
18. NAME OF ACTUARY	
ADDRESS	
19. NAME OF (RE) INSURANCE BROKER	
ADDRESS	
20. BIOGRAPHICAL INFORMATION FOR DIRECTORS AND OFFICERS (LIST BELOW AND INCLUDE BIOGRAPHICAL AFFIDAVIT) (USE SEPARATE SHEET IF NEEDED)	
NAME	POSITION(S) WITH CAPTIVE
EMPLOYER	POSITION
NAME	POSITION(S) WITH CAPTIVE
EMPLOYER	POSITION
NAME	POSITION(S) WITH CAPTIVE
EMPLOYER	POSITION
21. IF APPLICANT IS AN INDUSTRIAL INSURED CAPTIVE, PLEASE ANSWER THE FOLLOWING: (USE SEPARATE SHEET IF NEEDED)	
NAME OF INDUSTRIAL INSURED	
NAME AND ADDRESS OF PRIMARY FULL-TIME EMPLOYEE ACTING AS AN INSURANCE MANAGER OR BUYER	
AGGREGATE ANNUAL PREMIUM \$	NUMBER OF FULL-TIME EMPLOYEES
NAME OF INDUSTRIAL INSURED	
NAME AND ADDRESS OF PRIMARY FULL-TIME EMPLOYEE ACTING AS AN INSURANCE MANAGER OR BUYER	
AGGREGATE ANNUAL PREMIUM \$	NUMBER OF FULL-TIME EMPLOYEES
NAME OF INDUSTRIAL INSURED	
NAME AND ADDRESS OF PRIMARY FULL-TIME EMPLOYEE ACTING AS AN INSURANCE MANAGER OR BUYER	
AGGREGATE ANNUAL PREMIUM \$	NUMBER OF FULL-TIME EMPLOYEES
22. INCLUDE THE FOLLOWING WITH THIS APPLICATION:	
(a) Coverage/Limits/Reinsurance for attached (not applicable to SPLRC)	
(b) Certified copy of Captive's organizational documents (for example, certificate of incorporation, articles of association and bylaws)	
(c) A non-refundable fee (qualifies for premium tax credit) of <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$7,500 other captive	
(d) A non-refundable actuarial fee: (Note: due when requested by the Department, not applicable at time of application)	
(e) If applicant is not an SPLRC	
(1) A feasibility study by an actuary	
(2) Statement of benefit to Missouri	
(3) List all other providers and their responsibilities together with how fees for services rendered are to be charged	

- (f) If applicant is an SPLRC
 - (1) Evidence of the applicant's assets as of the time of the application
 - (2) An affidavit signed by an officer of the applicant that the SPLRC will operate only in accordance with the provisions of sections 379.1353 to 379.1421, RSMo and its plan of operation
 - (3) A description of the investment strategy the SPLRC will follow
 - (4) A description of the source and form of the initial minimum capital proposed in the plan of operation
 - (5) A copy of any filings made by the ceding company with the ceding company's domiciliary insurance regular to obtain approval for the ceding company to enter into the SPLRC contract and copies of any filings made by any affiliate of the SPLRC to obtain regulatory approval to contribute capital to the SPLRC or to acquire direct or indirect ownership of the SPLRC.
 - (6) A copy of any letters of approval or non-disapproval received from the insurance regulator responding to any filings for which copies were provided as described in paragraph (5) above
- (g) If applicant is Association Captive, give history, purpose, size and other details of parent association
- (h) Biographical affidavits on officers and directors
- (i) If applicant is a SPLRC, a plan of operation including:
 - (1) A description of the contemplated financing transaction or transactions, including a statement of the purpose of each such transaction, the maximum amounts, and the interrelationships of all such transactions
 - (2) SPLRC contract and related transactions to which the SPLRC
 - (3) A written summary of all material agreements to which the SPLRC is to be a party that are to be entered into to effectuate the SPLRC contract and the financing transaction
 - (5) A description of the investment strategy for the SPLRC;
 - (6) A description of the underwriting, reporting and claims payment methods by which losses covered by the SPLRC contract will be reported, accounted for and settled;
 - (7) Pro-forma balance sheet and income statements illustrating the performance of the SPLRC, the SPLRC contract, and any ceded reinsurance agreements under scenarios requested by the director
 - (8) A specification of which deviations from the described plan of operation are to be considered material.
- (j) If applicant is any other Captive, a detailed plan of operation with supporting data including:
 - (1) Risks to be insured - direct, assumed and ceded - by line of business
 - (2) Fronting company if operating as a reinsurer
 - (3) Expected net annual premium income
 - (4) Maximum retained risk (per loss and annual aggregate)
 - (5) Rating program
 - (6) Reinsurance program
 - (7) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims
 - (8) Loss experience for past five years together with projections for the ensuing five years
 - (9) Organization chart .
 - (10) Financial projections on an expected and worse case scenarioItems 1, 3, 4 and 10 above should be projected for a five-year period.

NOTE: Prepare one extra copy of all documents required by this application to be sent to the assigned Captive Review Firm upon direction of this Department.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION GIVEN IN THIS APPLICATION (INCLUDING THE ATTACHMENTS THERETO) IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

NAME	DATE
SIGNATURE (DIRECTOR)	

22A. COVERAGE/LIMITS/REINSURANCE (NOT APPLICABLE TO SPLRC)

COVERAGE	DIRECT OR REINSURANCE	POLICY LIMITS PER OCC/AGG	EXCESS OF AMOUNT AND FORM	CLAIMS MADE OR OCCURRENCE	AMOUNT REINSURED	REINSURANCE BY

ARE POLICIES ASSESSABLE?

YES NO

PARENTAL GUARANTY IN PLACE?

YES NO

LOAN TO PARENT REQUESTED?

YES NO

LOSSES DISCOUNTED??

YES NO IF SO, PROPOSED RATE: _____

Department of Commerce and Insurance, P.O. Box 690, Jefferson City, MO 65102